

Case-based discussion assessment form

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Candidate and assessor information

Candidate name		Assessor name	
Candidate ID		Assessor ID	

Patient information

Patient name					
Patient age (years)					

Assessment domains

	B Below Satisfactory	A Satisfactory	A Above Satisfactory
Clinical record keeping	1 2 3	4 5 6	7 8 9
Clinical assessment History and examination	1 2 3	4 5 6	7 8 9
Clinical assessment Differential diagnosis, summary and problem list	1 2 3	4 5 6	7 8 9
Management plan	1 2 3	4 5 6	7 8 9

Assessor's comments

Signature of assessor:

Date: / /

Signature of candidate:

Date: / /